



1/16

2824

## TRANSMITTAL FORM

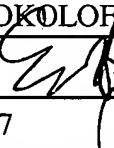
(to be used for all correspondence after initial filing)

		Application No.	10/511,253
		Filing Date	October 8, 2004
		First Named Inventor	Jun-Hyun Chun
		Art Unit	2824
		Examiner Name	Allison Bernstein
Total Number of Pages in This Submission	17	Attorney Docket Number	51876P737

### ENCLOSURES (check all that apply)

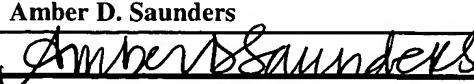
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;">-return receipt postcard</div>
<div style="border: 1px solid black; height: 20px; width: 100%;">Remarks</div>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric S. Hyman, Reg. No. 30,139 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	January 9, 2007

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Amber D. Saunders		
Signature		Date	January 9, 2007

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ndc) 10/12/2006.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



# FEES TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/511,253
Filing Date	October 8, 2004
First Named Inventor	Jun-Hyun Chun
Examiner Name	Allison Bernstein
Art Unit	2824
Attorney Docket No.	51876P737

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$)  
0.00

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)  Credit any overpayments  
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	28	28* = <input type="text" value="0"/>	x <input type="text" value="50.00"/>	= <input type="text" value="0.00"/>
Independent Claims	3	3* = <input type="text" value="0"/>	x <input type="text" value="200.00"/>	= <input type="text" value="0.00"/>
Multiple Dependent				= <input type="text"/>

Large Entity	Small Entity	
Fee Code (\\$)	Fee Code (\\$)	Fee Description
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple Dependent claim, if not paid
1204 790	2204 395	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (1)</b>		<input type="text" value="0.00"/>

\*\*or number previously paid, if greater, For Reissues, see below

### 2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\\$)	Fee Code	Fee (\\$)	Fee Description	Fee Paid
1051 130	2051 65			Surcharge - late filing fee or oath	
1052 50	2052 25			Surcharge - late provisional filing fee or cover sheet.	
2053 130	2053 130			Non-English specification	
1251 120	2251 60			Extension for reply within first month	
1252 450	2252 225			Extension for reply within second month	
1253 1,020	2253 510			Extension for reply within third month	
1254 1,590	2254 795			Extension for reply within fourth month	
1255 2,160	2255 1,080			Extension for reply within fifth month	
1401 500	2401 250			Notice of Appeal	
1402 500	2402 250			Filing a brief in support of an appeal	
1403 1,000	2403 500			Request for oral hearing	
1451 1,510	2451 1,510			Petition to institute a public use proceeding	
1460 130	2460 130			Petitions to the Commissioner	
1807 50	1807 50			Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180			Submission of Information Disclosure Stmt	
1809 790	1809 395			Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790	2810 395			For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)		<b>SUBTOTAL (2)</b>		<input type="text"/>	

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Eric S. Hyman	Registration No. (Attorney/Agent)	30,139	Telephone	(310) 207-3800
Signature				Date	01/09/07